

Bromfield House Residential Home Limited

Bromfield House Residential Home

Inspection report

316 Minster Road
Minster On Sea
Sheerness
Kent
ME12 3NR

Tel: 01795875663

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12 January 2016
13 January 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out this inspection on the 12 and 13 January 2016. It was unannounced.

Bromfield House is a care home providing accommodation and support for up to 10 older people who require some assistance with personal care. It is over two floors and there is lift available to access the first floor.

The registered provider is also so the registered manager A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People were given individual and group support to take part in their preferred hobbies and interests. However there were no planned trips out of the home. The staff were looking into facilities of different locations locally where people may like to visit

Medicines were stored, administered and disposed of safely. Only trained staff administered medicine. Staff had received training and their competency to administer medicine this had been checked. Audits of medicines made sure people received the medicines they had been prescribed.

The environment was suitable for the people who lived there and looked well maintained.

People spoken with all said that they were very pleased with the care and support that they received at the home.

There were systems in place to obtain people's views about the service. These included formal and informal meetings with people using the service and their families and annual surveys.

There was a complaints procedure on the homes notice board. People told us that they would know how to complain but that they had no need to. They were confident that any complaint would be taken seriously by the provider.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. As the people living in this home have mental capacity and there was no deprivation of liberty there had been no reason to make an application. The provider and staff understood why and when an application should be made. The service was meeting the requirements of the Deprivation of Liberty Safeguards.

Staff had received safeguarding training and knew how to protect people. They knew the action to take in the event of any suspicion of abuse towards people. Staff also understood the whistle blowing policy. They

were confident raising any concerns with the provider or outside agencies if this was needed.

People and their relatives were involved in planning their own care, and staff supported them in making arrangements to meet their health needs. The provider and staff contacted other health professionals for support and advice when necessary.

People were provided with diet that met their needs and wishes. Menus offered variety and choice. People said they liked the meals offered and that each week they were asked for suggestion for the menu. Staff made sure that people had plenty of drinks offered through the day. We observed lunch being served and people were happy with their choice.

Staff were recruited using procedures designed to protect people from unsuitable staff. Staff were trained to meet people's needs and their performance was discussed during one to one supervision and their annual appraisal. Staff were supported to carry out their roles.

There were risk assessments in place for the environment, and for each person who received care. Assessments identified people's specific needs, and showed how any risks could be minimised. There were systems in place to review accidents and incidents and make any relevant changes to reduce further harm.

There were quality assurance processes in place to make sure people received a service which maintained their health and wellbeing. People and their family's views were sought through surveys and meetings to monitor and improve the service being offered.

The staff were fully aware and used in practice the home's ethos for putting people at ease so that they feel happy and comfortable, whilst maintaining people's independence, respect and dignity.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There was appropriate medicine procedures being followed to make sure people received their medicines as required and prescribed.

People told us that they felt safe living in the home, and that staff cared for them well. Staff had received training on how to recognise the signs of abuse.

Staff were recruited safely. There were enough staff deployed to provide the support people needed.

Is the service effective?

Good ●

The service was effective.

People said that staff understood their needs and staff appeared trained to meet those needs.

The menus offered variety and choice and provided people with a well-balanced diet.

Staff were guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

Staff ensured that people's health needs were met. Referrals were made to health professionals when needed.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

Staff were supportive, patient and caring. The atmosphere in the home was welcoming.

People were involved in making decisions about their care and staff took account of their individual needs and respected their

Is the service responsive?

Good ●

The service was responsive.

People were supported to maintain their own interests and hobbies, however there were no organised trips out of the home currently however the staff are now planning short trips out.

People and their relatives were involved in their care planning. Changes in care and treatment were discussed with the people.

People and families were given information on how to make a complaint. People were confident that the provider would take any complaint seriously and deal with it appropriately.

Is the service well-led?

Good ●

The service was well-led.

Quality assurance processes were in place to make sure people received a service which maintained their health and wellbeing.

People and their family's views were sought to monitor and improve the service being offered.

The staff were fully aware and used in practice the home's ethos for putting people at ease so that they feel happy and comfortable, whilst maintaining peoples independence, respect and dignity.

Bromfield House Residential Home

Detailed findings

Background to this inspection

Start this section with the following sentence:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 12 and 13 January 2016, it was unannounced. The inspection was undertaken by one inspector.

We spoke with six people, two relatives and one health and social care professional. We looked at personal care records and support plans for three people. We looked at the medicine records; activity records; and three staff recruitment records. We spoke with the provider and three members of staff. We observed staff carrying out their duties, such as giving people support and providing an activity.

People were able to tell us about the care and support and were complementary about the service they received.

Before the inspection we examined notifications sent to us by the manager about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

At the previous inspection on 8 October 2013, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Is the service safe?

Our findings

People told us that they felt safe living in the service. One person told us "the staff look after us very well here, we want for nothing and yes I feel very safe in the hands of the staff here".

There were suitable numbers of staff to care for people safely and meet their needs. We saw the staff duty rotas which showed how staff were allocated to each shift. The rotas demonstrated there were enough staff on shift at all times during the 24 hour period. The provider said "If a person telephones in sick, the person in charge would ring around the other carers to find cover". This showed that arrangements were in place to ensure enough staff were made available at short notice. The provider told us staffing levels were regularly assessed depending on people's needs and occupancy levels, and adjusted accordingly. We observed that it was not difficult to find staff to assist people and people in the lounge were not left alone for more than a few minutes.

Staff who administered medicines had received training and their competency had been checked. Staff we spoke with had a good understanding of the medicines systems in place. A policy was in place to guide staff through ordering, administering, storing and disposal of any unwanted medicines. The medication policy and procedures had been reviewed last in 2015. Medicines were booked into the home by staff and this was done consistently with the homes policies. Medicine records seen had been completed with the correct and required information. Therefore people whose medicines were administered by staff received their medicines as prescribed.

The provider operated safe recruitment procedures. Staff recruitment records clearly showed that all the necessary checks had been carried out. Staff told us they did not start work until the required checks had been returned and were satisfactory. These checks included proof of identity, satisfactory written references and a Disclosure and Barring Service (DBS) criminal record check. These processes made sure recruitment was safe and prevented unsuitable candidates from working with people living at the home

Staff were aware of how to protect people from abuse and the action to take if they had any suspicion of abuse. Staff were able to tell us about the signs of abuse and what they would do if they had any concerns such as contacting the local authority safeguarding team. Staff had received training in protecting people from abuse, so their knowledge of how to keep people safe was up to date. The provider was aware of their role and responsibilities in safeguarding people from abuse and the processes to follow if any abuse was suspected. The provider and staff had access to the local authority safeguarding policy and protocols and this included how to contact the safeguarding team. Staff understood the whistle blowing policy. They were confident they could raise any concerns with the provider or outside agencies if this was needed. People could be confident that staff had the knowledge to recognise and report any abuse.

Risk assessments were completed for each person to make sure staff knew how to protect them from harm. We found that risk assessments were being reviewed. These included for example risks associated with smoking, mobility, and falls. One person told us that they had been uncertain of negotiating a step between their bed room and the lift. A risk assessment was put in place and now when she wishes to use the lift she

alerts the staff and waits until they are able to accompany them.

Accidents and incidents were clearly recorded and monitored by the provider to see if improvements could be made to try to prevent future incidents. For example, one person had pressure mats, which alert staff when a person gets out of bed and is moving around. This was done as the person forgets they need staff assistance and to use their walking frame when they mobilise. In this way the staff were able to reduce the risk of the person having a fall.

The premises were well maintained and suitable for the people who lived there. The staff made sure that any maintenance issues regarding the building were passed on to the provider who made sure these were actioned. These included replacing light bulbs, checking that call and fire alarm systems were working correctly. The grounds were also maintained and there was a pleasant area which was safe for people to use. At the rear of the property there was also a shelter where people who live in the home can go to smoke cigarettes. It has a seat and an ash tray and it is kept clean. This meant that there was a safe place for people to smoke if they chose to that would not impact on the other people and staff in the home.

Equipment checks and servicing were regularly carried out to ensure the equipment was safe. Risk assessments for the building were carried out and for each separate room to check the home was safe. Internal checks of fire safety systems were made regularly and recorded. Fire detection and alarm systems were regularly maintained. Staff knew how to protect people in the event of fire as they had undertaken fire training and took part in practice fire drills.

Risk assessments of the environment were reviewed and plans were in place for emergency situations. The home had devised a PEEPs' (personal Emergency Evacuation Plan) for each person with the instructions for staff of how to support the person in an emergency.

Is the service effective?

Our findings

People told us that their health needs were well met at the home. People told us that if they did not feel well the staff looked after them. One person told us "I do have a lot of health issues which the staff know about, if they see I am unwell they get the doctor in". We saw records of health and social care professional visits to the home; we saw how plans were changed to reflect any instructions given. For example, where a person needed to have their feet elevated to reduce their ankles swelling.

We spoke with a health care professional during our inspection. They explained that the home was very good at reporting any issues they find and they inform us of any follow up information we have asked for. They said "They know when visits are due, such as taking blood and they remind us if we have not arrived at the home in good time. I find the manager and the staff very organised and communication is very good".

People spoken with were positive about the food served from the homes kitchen. One person said "The food is very nice and there is always plenty of choice, could not ask for better". The provider told us they use fresh vegetables and fruit and most meals are made from scratch. People commented "I can choose what I want, there is lots to choose from, they make sure you enjoy your meals". Another person said "The meals are always nice, I really enjoy my meals, and you'd never go hungry". We observed drinks being offered throughout the day, and saw staff support people who need support such as cutting up food. Care staff weighed people monthly and recorded the weights the information was monitored to make sure people were not losing or putting on too much which could be unhealthy. Any significant weight gains or losses were referred to the doctor. Staff recorded what and the amount of food that people ate; in this way they monitored people to make sure they were eating a sufficient and well balanced diet.

There were effective systems in place to manage risks to people's safety and welfare in the environment. The provider contracted with specialists companies to check the safety of equipment and installations such as gas and electrical systems and the lift to make sure people were protected from harm. We saw that following an inspection by the Food Standards Agency they received a 5 star award for food hygiene.

Staff told us that they had received induction training, which provided them with the knowledge to provide peoples care safely. The provider and a newer member of staff explained that new staff would shadow staff for a week, and not work on their own until they have been assessed as competent to do so. The provider has also undertaken training on how the support staff through the new care certificate recommended by skills for care. This course once completed satisfactorily will provide evidence toward their next vocational award. Some staff had completed vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve vocational qualification candidates must prove that they have the competence to carry out their job to the required standard. This helped staff to deliver care effectively to people at the expected standard. Staff received refresher training in a variety of topics such as moving and handling and food safety. Staff were trained to meet people's specialist needs such as diabetes. This training helped staff to recognise if a person's blood sugar was too high or had gone too low. So that staff would know what the appropriate action was in these cases.

Staff were being supported through individual one to one supervision meetings and yearly appraisals. The provider undertook two monthly supervision of the senior carers. They supported them to access necessary training and courses to further their skills and knowledge. The supervision included observation of their care practice and a private session when a record was made of the one to one meeting. The provider was supervising all staff but it is anticipated that once senior care staff have the required training and skills they would take over this supervision. All staff had received an annual appraisal and the next one had been planned. This was to provide opportunities for staff to discuss their performance, development and training needs, which the provider was monitoring.

Staff told us that they had handovers between shifts, and this provided the opportunity for daily updates with people's care needs. They all felt that communication with in the home is good and they work well together as a team. In this way the staff made sure the people received the care and support they required.

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The provider and staff had received training and had knowledge of the process for making DoLS applications and knew about the Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. They had not needed to make an application or consideration of DoLS as all the people living in the home have capacity and have no restrictions on their liberty. So staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS).

Before people received any care or treatment they were asked for their consent. People smiled when staff spoke to them. We heard staff ask people before assisting them with anything, they waited for a response and respected peoples' decision.

The manager had procedures in place to monitor people's health. Referrals were made for people to access health professionals including doctors and dentists as needed. Where necessary people were referred to other professionals such as a physiotherapist. All appointments with professionals such as doctors, nurses and chiropodists had been recorded. Future appointments had been scheduled and there was evidence of regular health checks. Relatives told us that their family member's health and well-being had been discussed with them, that they had been kept informed of any changes in their relatives' condition.

Is the service caring?

Our findings

People told us that staff were very kind and they were very well cared for. One person said, "The staff are very kind, we can have a good laugh with them too! Another person said "Coming in here was a good decision, the staff are wonderful and the one in charge is always around and comes to talk to us, no they are all really nice girls. The relatives we spoke with also said how pleased they were with the care their relative received. One said, "we are always kept informed if mum is not well or needs anything they give us a call". Another said "my mum is fussy and they still manage to please her so I know this is a good place for her to be. The smiles told us so much about the interactions between people and the staff. We could see people were comfortable around the staff and staff were at ease and happy in their work.

People told us they had been involved in writing their care plans, they said that they had been asked in the beginning about their likes and dislikes, what assistance they needed and their personal routines. They were asked if they wanted a copy of their care plans, and all had signed the plans on file. The plans seen were very detailed and written in the first person and detailed what they wanted staff to assist them with. In one plan for example, a person had said that they did not want to stick to strict diabetic diet, and the staff respected this.

Staff encouraged people to make choices throughout the day. Such as, what they wanted to eat, what time they got up, whether they wanted to stay in their rooms. We saw people had personalised their bedrooms according to their individual choice. For example family photo and their own furniture. Changes in care and treatment were discussed with people or their representative before they were put in place. People and/or families were included in the regular assessments and reviews of their individual needs. People felt they could ask any staff for help if they needed it. People were supported as required but encouraged to be as independent as possible. In this way people were receiving the care that met their needs and preferences.

Staff supported people in a patient manner and treated people with respect. People said they were always treated with respect and their dignity was protected. Staff gave people time to answer questions and respected their decisions. They spoke to people clearly and politely, and made sure people had what they needed. For example, staff made sure that people had drinks within reach. People were asked if they needed any assistance to go to the toilet in a discreet way. Dignity was maintained for the person when assisted, and it was achieved smoothly. Staff chatted to the person during the walk to the toilet and staff checked that they were okay.

A member of staff was observed in the lounge painting peoples nails and talking to them. People said that they liked to have their hair and nails done, one person said, "It helps to make me look nice, just because I've got old does mean I don't want to bother about my appearance any more". Another person said, "I like to look nice I never know when I will get visitors".

Is the service responsive?

Our findings

People told us they received care or treatment when they needed it. They said they had no complaints about the service and staff respected their choices. One person said "I can get up when I want to, I go down stairs for meals but I like to stay in my room most of the day, staff do pop in sometimes just to make sure I am OK" and another said "You get to choose what you want to eat and you can have it in your room if you want, when I press my bell the staff come quickly, I never wait long". Relatives were happy with the service and one said, "Staff calls the doctor or ambulance when it's needed, and they then contact us and keep us informed", and another person said, "The staff keep us informed of any changes in Mums condition. If we cannot visit for any reason and we phone the staff and they will let her know". Staff responded to changes in people's health and care needs to ensure people's health and wellbeing.

The manager carried out pre-admission assessments to make sure that they could meet the person's needs before the person moved in. People and their relatives had been involved in these discussions when they visited the home. Everyone had been asked to visit the home before they came in. One person told us "I came here to have a look around; I knew straight away I wanted to come but I had to wait a week or so before I did. I have been here awhile, I am forgetful but the staff know that and they help me by reminding me.

The staff said that they are made aware of any changes to care plans, if they have been off work on holiday etc. then they are given the care plans to read. When changes have happened then the staff have to read the changes and sign to say they have done so. This along with staff handovers makes sure that the staff were always aware of the care and support a person needs at the start of every shift. Changes in care and treatment were discussed with people before they were put in place. People were included in the regular assessments and reviews of their individual needs. The staff recorded the care and support given to each person in an individual daily report. Staff were able to describe the different levels of support and care provided to people and also when they should be encouraging and enabling people to do things for themselves. Support was individual for each person. We saw that people could ask any staff for help if they needed it. Staff understood the needs and preferences of the people they cared for.

There was not an actual activity co-ordinator who was responsible for planning activities through the week. However, there was a variety of different activities including quizzes, bingo, craft and gentle exercise to music. We saw that people were asked about the hobbies and interests that people liked on admission to the home. The information was used to make sure that where possible that people were still able to follow interests and hobbies. The provider also had entertainers booked to come into the home; these involved singing which people enjoyed joining in with. There were no outings being planned, so people did not have the opportunity to be involved in the local community and only went out if their families took them. This was something that was being looked into by the provider. The staff were looking into facilities of different locations locally where people may like to visit. They planned to start with short trips out to start with, so people can get used to going out again. For example, take people out for a coffee or to visit a local garden centre in small groups. It is hoped that people in this way will be able to take part in community events in the future.

People and their families were given information on how to make a complaint. People and their family were given the opportunity to raise any concerns they may have at reviews or when visiting the home. All visitors spoken with said they would be confident about raising any concerns. One person's family member said, "I know I can complain, but I have nothing to complain about". The provider said that any concerns or complaints were regarded as an opportunity to learn and improve the service, and would always be taken seriously and followed up. People told us they knew how to raise any concerns and were confident that the provider would deal with them appropriately within a set timescale. In the complaints file we saw no complaints had been recorded. The provider said that if people tell them about something that needs to be looked in to then this is done straight away. They told us that if they mentioned anything that needed attention then this was done straight away, so no need to complain.

There were no restrictions on visiting. Relatives commented, "I always feel welcome, we pop in several times a week, mum is very happy here".

Is the service well-led?

Our findings

People and relatives spoke highly of the staff. We heard positive comments about how the service was run by the provider. People told us the provider was very approachable. People said, "The staff and management worked well together". They promoted an open culture by making themselves accessible to people, visitors, and staff, and listening to their views. We were told by visitors that the morale in the home was high and the staff now worked well together as a team. People said staff were always available. One said "staff are never far away, when I call they always come straight away". When we asked if people and their families thought the home was well run, they all told yes. One person said "definitely, everyone is very well looked after, the provider is easy to talk to, she comes around to make sure everyone is ok".

People were asked for their views about the home in a variety of ways. These included formal and informal meetings; and annual surveys. People and their families told us that there was good communication with the manager and providers. This meant that people were being asked about their experiences of the service, to improve and monitor quality of the service.

The provider explained that the residents meetings were important as it the resident's home and they need to decide what they want to happen in the home. At the last meeting the people were asked if they would mind if a student came to the home for a week's work experience. People commented "they have to learn don't they", "Got to start somewhere", and I think it would be good". One person was concerned about then giving personal care but they were reassured that the student would not be involved in any personal care. The provider also asked if they would like CCTV put in given the abuse that had been found in other care homes. They commented "No privacy", I'd feel like it was spying" and "I can't understand why it would be necessary the staff we have here are alright".

The last annual survey took place in December 2015. The nine surveys received so far showed that people were very happy with the service. Some of the comments included, they thought the service was, 'can't grumble at anything', and 'it's a very happy and comfortable home. There were four relative surveys returned so far, there comments included, 'homely, caring, and very good'.

The providers and the staff were well known by people in the service. We observed them being greeted with smiles and they knew the names of people or their relatives when they spoke to them.

There were systems in place to review the quality of all aspects of the service. The systems had been reviewed and changed where necessary to ensure they captured all the information needed. Monthly and weekly audits were carried out to monitor areas such as infection control, health and safety, care planning and accident and incidents. Appropriate and timely action had been taken to protect people and ensure that they received any necessary support or treatment. Care and support plans had been reviewed effectively monthly or more often if required. People confirmed that they had been asked about the care they received each month. One person said "they always check I am happy with what the staff do for me" and new assessment undertaken when people's needs had changed dramatically. People's needs had been reassessed with them at least yearly, with regular reviews were being undertaken to make sure that the

plans remained up to date. In this way they made sure people received the care and support met their individual needs.

The provider also audited the systems and the premises to identify any shortfalls or areas for improvement each month. These findings were discussed with the provider and where necessary action plans were put in place for action to make sure improvements were made. For example, staff supervision is undertaken every two months and annual appraisals were booked in for the new year. Within the supervision we saw that staff were being observed for their competency in for example administering medication delivering care. In this way staffs care giving was regularly checked to make sure they deliver care that is appropriate and safe.

Staff understood the management structure of the home, their roles and responsibilities in providing care for people and who they were accountable to. Communication within the service was facilitated through regular meetings. Minutes of staff meetings showed that staff were able to voice opinions and these were listened to and acted upon. Staff told us for example there was good communication between staff and the management team. That was confirmed by a health care professional visiting the home. The provider had taken account of the staffs' input in order to improve the care people were receiving. The provider also arranged learning sets for the staff, for example at one staff discussed signs and symptoms that people may exhibit if they are not well. Such as having high temperature and going off the food.

Staff told us about the ethos of the home. They told us it was important to put people at ease so that they feel happy and comfortable. They also said they encouraged people to improve or at least maintain their independence. One staff member told us, "Residents should feel this is their home that they feel able to do what they want to do, they should feel we respect them and that we protect their dignity in the way we care for them". We asked people about whether the staff treat them with respect. The four people asked agreed that the staff showed them respect at all times.

There were a range of policies and procedures governing how the service needed to be run. These were being reviewed at least annually, and were available to staff.

The manager was aware of when notifications had to be sent to the Commission. These notifications would tell us about any important events that had happened in the home. Notifications had been sent to tell us about incidents and accidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the manager understood their legal obligations.